

# **HAZARDOUS MATERIALS REGISTRATION**

## **Section I.** (To be filled out by Owner or Occupant)

Facility Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

(If different than above)

Emergency Contact: \_\_\_\_\_ Day/Night Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

## **Section II.**

- ☐ My facility stores hazardous materials in excess of fifty (50) gallons liquid volume, twenty-five (25) pounds dry weight, or two (2) pounds of priority pollutants.
- ☐ My facility does **not** store hazardous materials in excess of fifty (50) gallons liquid volume, twenty-five (25) pounds dry weight, or two (2) pounds of priority pollutants.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print)

(Please sign)

## **Section III.** (This section to be completed if you store Hazardous Materials as stated above)

Names of Substance: (Common & Chemical)	Amount Stored: (Max. Quantity)	Type of Container: (Const. Material)	Secondary Containment (Yes / No)	Location on Site: (Room/Area stored)
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\* The location of all hazardous materials must be shown on an attached plan, along with copies of any permits and dates of installation for any underground tanks on site.

\*\* Any increases in the amounts recorded above must be reported immediately to the Board of Health.

\*\*\* If chemicals are too numerous to document here, this sheet may be photo copied and pages attached.